

## AIRPORT OPERATOR FORM

Geraldton Airport

This application form shall be completed for personnel requiring access to Geraldton Airport.

### SECTION 1 – KEY AND ACCESS CONTROL CARD

<b>Full Name</b>	<b>Postal Address</b>	
<b>Company</b>	<b>Email Address</b>	
<b>Primary Contact No.</b>	<b>ASIC No.</b>	<b>Expiry</b>

<b>Signature</b>	<b>Date</b>
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### SECTION 2 – VEHICLE AIRSIDE ACCESS (if applicable)

<b>Drivers Licence (MDL) No.</b>	<b>MDL Class</b>
<b>MDL Expiry Date</b>	<b>MDL State / Territory</b>
<b>Date of Birth</b>	<b>Radio Operations Certificate No.</b>

**Purpose of Airside Vehicle Access**

**The following Authority to Drive Airside Permit is required :**

- Category 1** GA Aprons and Taxiways
  **Category 2** RPT Apron  
 **Category 3** Other All Aprons and Taxiways

### APPLICANT EMPLOYER / COMPANY ADDRESS

<b>Company Name</b>	
<b>Address</b>	
<b>Contact No.</b>	<b>Email Address</b>

### ENDORSEMENT BY EMPLOYER / COMPANY

In signing this endorsement I certify that:

- The applicant listed above is required to drive/operate company vehicles and/or equipment for the purposes listed above;
- I will immediately advise Geraldton Airport if the applicant ceases to be employed by this company, or is otherwise no longer required to drive airside.

<b>Name</b>	<b>Signature</b>	<b>Position</b>	<b>Date</b>
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### APPLICANT ACKNOWLEDGMENT

In signing this acknowledgment, I confirm that:

- I have read and understood the conditions of use for operating a vehicle/s airside as described in the Geraldton Airport Manual;
- All vehicle use shall be in accordance with the Geraldton Aerodrome Airside Vehicle Control Requirements;
- I understand that this permit is only valid if it is accompanied by a signed Letter of Authorisation; and
- I understand that the Airport Manager reserves the right to withdraw this permit without notice

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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**OFFICE USE ONLY**

**ACCESS DETAILS**

**Alarm Group**

Pin Code

**Door Group**

**EMPLOYEE / BADGE NO.**

**Vehicle Airside Access**

Permit Issued

**Date of Issue**

Key #

**PAYMENT METHOD**

Transfer or Re-Issue

Account (Invoice)